ALERT

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HOMOPHOBIA'S PERVASIVE ROLE IN U.S.

Anti-gay and lesbian prejudice has permeated virtually every level of the development of public policy on AIDS in the U.S., from research to education to federal appropriations, reported a Human Rights Campaign Fund political strategist at the recent International AIDS Conference.

In a presentation to the 5th International Conference on AIDS, Eric Rosenthal, Human Rights Campaign Fund (HRCF) political director, disclosed the affect of homophobia on the United States' response to the AIDS pandemic.

"Prejudice against lesbians and gays extends to public health and makes controlling the AIDS epidemic even more difficult than it would otherwise be," said Rosenthal in his presentation, Homophobia in the Development of Public Policy on AIDS in the United States of America.

Speaking to approximately 300 people at the conference, Rosenthal first noted that in all but one state, Wisconsin, it is legal to discriminate against lesbians and gay men. He then listed examples of how homophobia has influenced AIDS policy, particularly in AIDS education and prevention.

"Seventy percent of the cases of AIDS continue to be found among gay and bisexual men," said Rosenthal. "Therefore, gay and bisexual men should be a major target for AIDS prevention activities. But the federal government, unable even to adopt anti-gay violence legislation, is at a loss when it comes to teaching gay men to have safer sex."

Rosenthal noted that the federal government pays a majority of the costs for AIDS research and prevention programs, yet Congress often places conditions on how the money may be used.

For example, in 1988, Senator Jesse Helms successfully introduced anti-gay legislation that attempted to block federal AIDS funding of programs on safer-sex between men.

The Helms amendment stated no federal funds would be used to "provide AIDS education, information, or prevention materials and activities that promote or encourage" homosexuality.

"The message from the federal government was clear," said Rosenthal. "Certain lives are expendable if the alternative were to fund prevention materials aimed at men who have sex with men."

However, said Rosenthal, opposition to homophobic legislation such as the Helms' amendment has increased not only from gay and lesbian groups but mainstream organizations as well.

Rosenthal cited the 1988 National Academy of Sciences report that challenged the Helms' restrictions. The report Confronting AIDS Update 1988, found that "efforts to stifle candid materials that discuss safe sexual practices and that are targeted at appropriate audiences may take a toll in human lives."

Efforts by public health organizations to correct and prevent homophobic legislation have turned Congress around in some instances, explained Rosenthal.

For example, when the Helms amendment was introduced in 1989 appropriations legislation, Senators such as John Glenn and Edward Kennedy -- acting on information from public health and medical authorities -- successfully challenged the homophobic amendment, which was defeated in a floor vote.

In summing up his presentation, Rosenthal urged the medical and scientific community to prevent anti-gay prejudice from affecting public policy-making decisions.

"Scientists, doctors, nurses, public health officials and others involved in AIDS have a responsibility to speak out against the homophobia we encounter in doing our jobs," said Rosenthal. "It is the only way to wage a fully-effective battle against AIDS."

ADMINISTRATION CHANGES AIDS IMMIGRATION POLICY

The Bush Administration announced in May it is changing its immigration policy to allow some foreign visitors who have AIDS or HIV into the U.S. for a limited amount of time.

Under the policy change, announced by the Justice Department, HIV-positive persons will be admitted into the country for up to 30 days to attend scientific conferences obtain medical treatment, conduct business or visit family.

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ADMINISTRATION CHANGES...(Cont'd)

Vic Basile, Executive Director of the Human Rights Campaign Fund (HRCF), welcomed the Administration's announcement, but said the change falls short of allowing free travel in America for HIV-positive people.

"It is encouraging to see this as the first policy action on AIDS from the new administration," said Basile. "However, people with HIV infection still can be excluded from entering the U.S., and will be admitted only temporarily and for selective purposes. If the government will allow some people with AIDS into the country, why should it not allow others?"

The policy change comes in response to an international uproar caused by the detention of a Dutch city official for five days last April by the U.S. Immigration and Naturalization Service (INS), an agency of the Justice Department.

The official, Hans Paul Verhoef, came to the U.S. to attend the Lesbian and Gay Health Foundation Conference/ National AIDS Forum in San Francisco. Verhoef was detained by Customs officials because he is a person with AIDS.

Following a hearing, local immigration officials ruled that Verhoef could enter the country and attend the conference, but INS headquarters in Washington, D.C., blocked that decision. Finally, an immigration judge ordered Verhoef admitted on bond.

The incident sparked widespread criticism of U.S. policy, which violates international standards formulated by the World Health Organization with U.S. participation. It also raised concerns about plans to hold the Sixth International AIDS Conference next year in San Francisco, as well as other scheduled meetings in the U.S.

Organizers of the Fifth International AIDS Conference in Montreal, Canada were also concerned that thousands of foreigners, many with HIV infection, might be prevented from travelling through the U.S. on their way to or from the conference.

"The United States does not import AIDS," said Robert Bray, Human Rights Campaign Fund communications director. "We have the largest number of cases in the world. Restrictive and paranoic immigration policy does nothing to control the epidemic. It only contributes to the spread of AIDS by limiting the free exchange of information and discouraging infected people from seeking testing or treatment."

Members of Congress, including Senator Edward Kennedy (D-MA) and Representatives Nancy Pelosi (D-CA), Gerry Studds (D-MA), John Miller (R-WA), Eliot Engel (D-NY), Bruce Vento (D-MN) and Martin Sabo (D-MN), and leaders of the scientific community called on the Bush Administration to change its policy, at least insofar as it applied to temporary visitors. In addition, the Human Rights Campaign Fund and other national organizations concerned with rational AIDS policies lobbied the Administration to revise its policy before the Montreal Conference convened.

"The Administration has recognized the global embarrassment that would result if the U.S. could not host international scientific AIDS meetings that included people with HIV infection," said Basile.

Basile promised HRCF would "continue lobbying the Administration and Congress for free travel and immigration rights for persons with HIV infection."

PERSANTINE: ANTI-CLOTTING DRUG MAY ENHANCE AZT, DDC

(by John S. James)
[from AIDS Treatment News, issue 79, May 19, 1989]

An inexpensive prescription drug used orally to prevent blood clots in persons with certain heart conditions has been found to substantially increase the effectiveness of AZT in laboratory tests, without increasing its toxicity to bone marrow or other human cells. This finding, by a team of researchers at the U.S. National Cancer Institute, was published in the Proceedings of the National Academy of Sciences, USA (volume 86, pages 3842-3846, May 15, 1989). The drug has not yet been tested in patients in combination with AZT, so its safety and effectiveness for anti-HIV use are not known.

The drug, dipyridamole (abbreviated DPM - the brand name is Persantine had little or no antiviral effect by itself. But in laboratory tests, it allowed AZT concentrations to be reduced by a factor of five to ten times and still have the same anti-HIV activity as the larger amount of AZT without the DPM. The concentration of DPM needed to achieve this effect was greater than or equal to two micromoles; ususal oral doses of 100 to 400 mg per day produce blood levels of two to six micromoles, suggesting that such doses would likely be effective.

These tests were done in human macrophages, which are believed to be the major reservoir of HIV. DPM also enhanced the anti-HIV effect of DDC, an experimental antiviral in the same class as AZT, in macrophages.

The researchers discovered this effect of DPM by chance. They do not know why it occurred, but suspect that the mechanism may be one which would apply only to nucleoside analogs (such as AZT, DDC, or DDI), not to other kinds of antivirals.

DPM is an old, well-known drug and generally considered safe. We checked medical reference books and found no indication of serious toxicities when the drug is taken by mouth (toxicity from larger intravenous doses has been reported). According to the Physician's Desk Reference, there are no known contraindications; only a few precautions are listed. Adverse reactions "are usually minimal and transient"; side effects generally disappear with long-term use. However, as far as we know the drug has never been tested with persons with HIV, and there may be need for special precautions. For example, since DPM works as an anticoagulant by inhibiting the action of platelets, it could be dangerous for persons with low platelet counts; a hematologist we spoke to was very concerned about this risk. Physicians will need to weigh potential risks and benefits.

According to a May 15 report in the San Francisco Chronicle, DPM has already been reviewed by a committee at the U.S. National Institute of Allergy and Infectious Diseases (NIAID), and plans are being developed for a clinical trial combining DPM and AZT, although no date for the trial has yet been set. Trials are necessary because the laboratory results do not prove that the drug will be useful against AIDS, or even safe when combined with AZT.

DPM should not be confused with heparin or dextran sulfate which are also anticoagulants. DPM is different in that it is not an antiviral by itself.

COMMENT

We see these laboratory findings as especially important because of the ease with which this potential treatment can be tested, and if found to be useful, made widely available. Physicians can legally prescribe DPM for any use, although understandably they may be reluctant to do so, since as of this date the drug may never have been tried in patients for the purpose of enhancing AZT. DPM costs little - about 50 cents a day or less in its generic versions - so cost will seldom be an obstacle to availability.

We are concerned that trials will take too long, either because of bureaucracy before they even start, or because of inherently slow designs, such as having no wait for opportunistic infections or deaths (in an AZT-plus-placebo group) to gain irrefutable statistical proof of efficacy. Much faster trials are possible, for example looking for clear benefit from giving DPM to persons who are already taking AZT but not getting enough results from it.

Since many people cannot wait for trials to be completed, it seems inevitable that some patients and physicians will try DPM in combination with AZT; if they get good results, more will follow. Community-based or other research organizations could perform an important service by monitoring and documenting the results of any such use.

The example of DPM illustrates one of the major although largely unrecognized public policy problems in the management of research on AIDS and other diseases - the lack of any institutional advocacy for the interests of patients in getting treatment sooner. The FDA and the NIH do not do this job; neither do drug companies, medical associations, most physicians, universities, foundations, or AIDS service organizations. It is tragic that in a major emergency we have had to take the time to develop new organizations (such as ACT UP) from scratch, because existing institutions have refused to become involved.

CORRECTION

Two articles in the JUNE issue of ALERT were inadvertently not credited. The articles, Compound Q Warning and Update and Peptide T Trials Recruiting, were reprinted with permission from John S. James' AIDS Treatment News, Issue Number 78; May 5, 1989. The Editor and Staff of ALERT regret this omission.

CIVIL RIGHTS PROTECTION - ON THE HORIZON?

(by Chai Feldblum & Laura Markowitz, Inside the Washington Lobby, Vol 1, #8)

Most civil rights protection thus far for people with AIDS and HIV infection has come through laws that prohibit discrimination on the basis of handicap or disability. For example, almost all of the AIDS and HIV non-discrimination cases in recent years have been brought under section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of handicap by entities that receive federal funds. And last year's Fair Housing Amendments Act - which prohibits landlords and owners from discriminating against people with AIDS or HIV - simply states in the law that discrimination on the basis of handicap is prohibited.

The fact that protection has come on the basis of handicap or disability has sometimes seemed odd to people with AIDS and HIV. There is a growing movement among people with AIDS to affirm life and not to dwell on the negative aspects of their illness. Some individuals with AIDS do not identify with the concept of "disability" because they

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believe such a term or concept is disempowering. It is important to remember that "disability" is simply the legal term that defines protection conferred by the law. It explains the basis on which an employer or service provider may not discriminate against a person with AIDS or HIV. It does not reflect the way one lives one's life or undermine the movement to affirm life and to reject giving in to the disease on a personal level.

On May 9, 1989 the Americans with Disabilities Act of 1989 (ADA 89) - one of the most important pieces of legislation this year for people with AIDS and HIV - was introduced in Congress. The bill expands civil rights protection for people with disabilities in private employment, businesses and services, transportation, and communication. In short, under this law, no one may refuse to hire someone or serve someone because of his or her disability, and all new buildings constructed with private funds must be physically accessible to people with disabilities. So far, there has only been one bill passed that protects people with disabilities in the private sector. As noted, last year's Congress amended the Fair Housing Act to extend protection to all people with disabilities in the area of private housing.

A forerunner to ADA 89 was introduced last year by Senators Lowell Weicker (R-CT), Tom Harkin (D-IA), and Edward Kennedy (D-MA), and House members Tony Coehlo (D-CA), Major Owens (D-NY), and Henry Waxman (D-CA), among others. It was an expansive bill, including requirements for retrofitting, within a short period of time, all facilities currently in existence to make them physically accessible to people with disabilities. It would have been an expensive bill to implement, and by January 1989 it was clear that there was significant opposition to the bill.

Four months of intense discussion, debate, and negotiation ensued among the disability community, with the Consortium of Citizens with Disabilities, a coalition of disability groups, playing a major role. AIDS advocates, particularly the ACLU AIDS Project, were also significantly involved. The end result is a bill that offers strong protection for people with disabilities but is also flexible. AIDS advocates had two concerns during the process. The first was to make sure that people with AIDS and HIV infection remained covered under the bill. The second was to make sure that the overall provisions of the bill, which would benefit people with AIDS and HIV as well as people with other disabilities, were clearly written and legally sound.

On May 9, the ADA was introduced in both the House and the Senate. On May 9, 10, and 16, hearings were held in the Labor and Human Relations Committee of the Senate, co-chaired by Senators Kennedy and Harkin, both of whom were among the 27 Senators who introduced the bill. The hearings highlighted problems that exist for people with disabilities. For example, a foster mother described how, when her child died of AIDS, 26 funeral homes in Maryland refused to prepare the child's body for burial. After the committee approves the bill, it will be sent to the Senate floor. Amendments may be offered, in both committee and on the floor, that will try to dilute the protections of the bill or strike out categories of people who are covered.

On the House side, ADA 89 was introduced by 50 members of Congress including Coehlo, but on May 27 Coehlo resigned from the Congress. Coehlo, himself a person with epilepsy was enthusiastic about the bill and his support will be missed. The House has four committees that have jurisdiction over the bill, so it may take some time for hearings to be completed.

Chances for ADA 89 are good. There is strong bipartisan support for the bill and President Bush has noted his support for a bill of this kind. Even the business community, from whom one would normally expect vigorous opposition to this kind of legislation, is officially stating that it is supportive of the basic principle of the bill, although opposed to certain provisions. In the meantime, lobbyists from NORA (the National Organizations Responding to AIDS) and from CCD (the Consortium of Citizens with Disabilities) are educating members of Congress to give them a true understanding of the need for anti-discrimination protection for people with disabilities. This education will hopefully come into play when these members are asked to defeat destructive amendments.

Discrimination against people with AIDS and HIV infection an unfortunate hallmark of the epidemic, is a kind of second level devastation. After the first devastation of hearing of the diagnosis or the positive test result, people of AIDS or HIV are often faced with losing their jobs and therefore their health insurance, being kicked out of their homes, and being denied basic rights like service in a restaurant. These actions violate an individual's fundamental civil rights. The sad fact is that almost all people with disabilities face this kind of discrimination to some degree or another. AIDS, of course, also brings to the fore the discrimination engendered by homophobia (the majority of those with AIDS are still gay men, although the demography of the disease is changing), classism and racism (a significant percentage of IV drug users with AIDS are black, hispanic, and poor). The ADA will finally offer protection to all these individuals against irrational acts of discrimination.